

MAT STANDARDS IMPLEMENTATION PLAN

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

East Dunbartonshire

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
David Aitken	Interim Head of Adult Services and ADP Chair

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

A local MAT Implementation Group will be responsible for taking forward the actions and reporting on the progress via the ADP Coordinator. The progress report will then be signed off by the ADP Chair and Chief Officer of the Health and Social Care Partnership (HSCP), the Chief Executive of the Local Authority and the Chief Executive of Greater Glasgow and Clyde NHS Board before going to the Integrated Joint Board for final approval then submission to the appropriate body.

There is also representation for East Dunbartonshire ADP in the GGC Boardwide groups such as:

- MAT / Substitute Prescribing Management Group (care governance sub-group)
- MAT Boardwide Implementation Steering Group (ISG)
- Boardwide ADP Forum – to share learning and effective practice

MAT progress will also be reported into the Public Protection Leadership Group, Chief Officers Group and to the ADP.

East Dunbartonshire Alcohol and Drug Partnership will ensure that lived and living experience and the experience of families and carers will be reflected in the implementation of the MAT standard improvement actions.

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed
Caroline Sinclair	Chief Officer of the Health and Social Care Partnership		26/09/2022
Gerry Cornes	Chief Executive of the Local Authority		26/09/2022
David Aitken	Head of Adult Services/ADP Chair		26/09/2022
Jane Grant	Chief Executive of Greater Glasgow and Clyde NHS Board		TBC

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
Document pathways and procedures for MAT standard 1 <ul style="list-style-type: none"> • Prescription guidelines to be updated to include all OST options and same day prescribing • Update the Alcohol and Drug Recovery Service (ADRS) Standard Operating Procedures for MAT 1 • Develop MAT1 leaflet for services users, families and carers in partnership with GGC 		April 2023
Establish systems for the collection of numerical data <ul style="list-style-type: none"> • Work with Greater Glasgow and Clyde ADPs to look at consistent MAT 1 data collection processes • Recruit an ADP analyst post (covers MAT 1 – 5) 		April 2023
Establish systems for the collection of experiential data <ul style="list-style-type: none"> • Commission experiential work from Scottish Drugs Forum (covers MAT 1 – 5) • Scottish Drugs Forum experiential to include more in-depth analysis on MAT 1 – reasons for declining same day treatment to support service improvement • Implement ADRS feedback cards and surveys 		April 2023
Recruit or allocate additional prescribers in the substance use team to the test of change and include third sector partners <ul style="list-style-type: none"> • Recruit additional prescriber • ADP funding to provide cover for additional prescribing hours to cover planned leave etc 		April 2023
Implement transportation budget to further remove barriers to access		April 2023

Conduct mapping of MAT standard 1 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	April 2025
Collaborate with national thematic groups coordinated by MIST	In progress

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
Clinical guidelines to be updated to include long-acting buprenorphine <ul style="list-style-type: none"> • GGC guidelines are used to will be GGC wide process 		April 2023
Scale up provision and remove barriers, where possible, to enable access to long-acting injectable buprenorphine (LAB) <ul style="list-style-type: none"> • Update procedures to reflect the provision of LAB including named patient Standard Operating Procedure to enable storage of unused LAB for up to 28 days. • Ensure numerical and experiential evidence is in place to demonstrate progress • ADP to fund a small supply of long acting Buprenorphine to be kept in stock in a local pharmacy to enable same day prescribing when required 		April 2023
Establish systems for the collection of experiential data <ul style="list-style-type: none"> • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys 		April 2023
Ensure that informed choice is supported across all areas of East Dunbartonshire <ul style="list-style-type: none"> • Look at prescribing out with the KHCC, such as Milngavie to cover both localities • Update information resources and the Health and Social Care and Public Protection websites to reflect MAT standards, including ADRS booklet and medication information 		April 2023
ADP Coordinator to collaborate with the national thematic groups		In progress

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
Develop information governance structure for information sharing <ul style="list-style-type: none"> Working with the Information Governance short life working group to scope out what information sharing is in place Develop information sharing agreements where there are gaps 		April 2023
Establish systems for the collection of experiential data <ul style="list-style-type: none"> Commission experiential work with Scottish Drugs Forum (SDF) Implement ADRS feedback cards and surveys 		April 2023
Conduct mapping of MAT standard 3 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)		April 2025
Work with Turning Point and neighbouring ADPs in test of change to deliver a near fatal overdose response service jointly across East Renfrewshire, Renfrewshire and Inverclyde areas, including evaluation		Autumn 2023
ADP Coordinator to collaborate with the national thematic groups		In progress

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	<p>While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.</p> <p>They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 4		Timescales to complete
Expand the standard operating procedure for Injecting Equipment Provision (IEP) and foil provision to include all core requirements set out in the MAT standards		April 2023
Implementation of WAND model (Wound first aid, assessment of injection risk(AIR), naloxone and dry blood spot testing) <ul style="list-style-type: none"> • WAND van in East Dunbartonshire one day per fortnight – to be supported by Turning Point Scotland 		April 2023
Increase distribution of naloxone <ul style="list-style-type: none"> • Develop promotional materials for naloxone • Increased promotion of postal service • Increase training for naloxone • Update naloxone resources on Health and Social Care website 		April 2023
Ensure harm reduction is being offered across all of East Dunbartonshire <ul style="list-style-type: none"> • Harm reduction model through assertive outreach and WAND van 		April 2023
Establish systems for the collection of experiential data <ul style="list-style-type: none"> • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys 		April 2023

ADP Coordinator to collaborate with the national thematic groups	In progress
Conduct mapping of MAT standard 4 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	April 2025

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely. Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.
April 2022 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
Further develop shared care approaches to MAT delivery <ul style="list-style-type: none"> • Document processes for a collaborative approach to treatment across multiple teams and agencies where required 		April 2023
Implementation of NEO module for missed doses <ul style="list-style-type: none"> • Develop process for ADRS staff to respond to missed doses • Monitor through pharmacy audit to evidence performance • 		April 2023
Establish systems for the collection of experiential data <ul style="list-style-type: none"> • Commission experiential work with Scottish Drugs Forum (SDF) • Implement ADRS feedback cards and surveys • Scottish Drugs Forum to look more in-depth at unplanned discharges 		April 2023
Increase ADRS staffing to support implementation of MAT and increasing caseloads <ul style="list-style-type: none"> • Agree structure and role profiles • SBAR to SMT requesting additional posts • Recruitment and retention process for increasing and supporting ADRS staff 		April 2023

<p>Update ADRS Standard Operating Procedure to reflect MAT standards, including information to support individuals to remain in treatment as long as requested</p> <ul style="list-style-type: none"> • Implement the missed dose module protocol using NEO to alert prescribers of missed doses of MAT has been rolled out across community pharmacies. 	<p>April 2023</p>
<p>ADP Coordinator to collaborate with the national thematic groups</p>	<p>In progress</p>
<p>Conduct mapping of MAT standard 5 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)</p>	<p>April 2025</p>

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status TBC		
Actions/deliverables to implement standard 6		Timescales to complete
Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use.		April 2024
Enhance support and training for psychologically informed treatment and trauma-informed care. <ul style="list-style-type: none"> • Review collaborative working procedures between the mental health teams and ADRS, including access to CBT and a current barriers for access to services. 		April 2024
Work with Peer Recovery Worker(s) to develop the wider recovery community, including lived and living experience forums		April 2024
ADP Coordinator to collaborate with the national thematic groups		In progress
Establish systems for the collection of experiential data		April 2024
Establish systems for the collection of numerical data		April 2024

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2022 RAG status TBC		
Actions/deliverables to implement standard 7		Timescales to complete
Establish a system that continues to offer people the option of MAT shared with primary care <ul style="list-style-type: none"> • Explore and develop flexible models in partnership with primary care • Work with primary care partners to raise awareness of the MAT standards 		April 2024
ADP Coordinator to collaborate with the national thematic groups		In progress
Establish systems for the collection of experiential data		April 2024
Establish systems for the collection of numerical data		April 2024

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status TBC		
Actions/deliverables to implement standard 8		Timescales to complete
Further improve rights based advocacy support to people in treatment including through work with REACH Advocacy <ul style="list-style-type: none"> • Provide Reach Advocacy human rights based approaches awareness sessions • Develop advocacy resources for MAT • Link with local Advocacy service to promote MAT • Develop strong networking links with housing and homelessness, including ADRS staff attending the 'housing liaison' meeting 		April 2024
Improve access to recovery groups and peer support <ul style="list-style-type: none"> • Recruit Peer Recovery Worker(s) to support lived experience within the community and provide peer support models of care 		April 2023
Improve access and communication for families and carers to ensure their family members are more involved in the design and delivery of services <ul style="list-style-type: none"> • Peer Recovery Worker(s) to help facilitate this process • Provide means via surveys/feedback/forums for families, carers and service users to have a greater voice 		April 2024
ADP Coordinator to collaborate with the national thematic groups		In progress
Establish systems for the collection of experiential data		April 2024
Establish systems for the collection of numerical data		April 2024

Conduct mapping of MAT standard 5 in justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community where applicable. (in partnership with GGC)	April 2025
---	-------------------

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2022 RAG status TBC		
Actions/deliverables to implement standard 9		Timescales to complete
Improve partnership working between the Alcohol and Drug Recovery Service (ADRS) and the Community Mental Health Team (CMHT), Primary Care Mental Health Team (PCMHT), Justice (CJ) and Children and Families (C&F). <ul style="list-style-type: none"> • Enhanced better quality partnership working/interface between teams • Review of existing protocols/interface between teams, including a self-evaluation and barriers to accessing support • Develop guidance / joint working protocols for use across wider teams regarding drug related deaths and harm • Joint development sessions on revised protocols across all teams • Improved recording and sharing of information across teams • Increase access to Psychology support for ADRS service users 		April 2024
ADP Coordinator to collaborate with the national thematic groups		In progress
Establish systems for the collection of experiential data		April 2024
Establish systems for the collection of numerical data		April 2024

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status TBC		
Actions/deliverables to implement standard 10		Timescales to complete
Embed trauma informed practice <ul style="list-style-type: none"> • Provide access to trauma training via online modules and face-to-face training – through the ACEs and Trauma Collaborative • Update processes and assessment tools through a trauma lens 		April 2024
Enhance service user experience through a trauma informed lens <ul style="list-style-type: none"> • Access to dedicated rooms for ADRS to respond quickly and effectively to any same day presentations • Review room booking process to support same day presentations 		April 2024
ADP Coordinator to collaborate with the national thematic groups		In progress
Establish systems for the collection of experiential data		April 2024
Establish systems for the collection of numerical data		April 2024